



Fire Alarm Company Verification Letter

This verification letter is to verify _____ has been trained regarding operating
(Name of Applicant)
the communication system related to the fire alarm system on the premises.

Section A - Premises Verification

The fire alarm system located at _____
(specific location of the alarm system, including floor and address)
in which _____ is employed is an approved fire alarm system.
(Name of Applicant)

| | |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| | <input type="checkbox"/> fire alarm system integrated with one-way voice communication |
| This occupancy has: | <input type="checkbox"/> separate PA system (Note: separate PA system is not required to be operated by a F-53 C of F holder) |
| | |
| The communication system serves the: | <input type="checkbox"/> entire building |
| | <input type="checkbox"/> specific floors/areas, please specify: _____ (e.g. 1 st fl to 3 rd fl) |

I am the representative of the fire alarm company _____
(company name)

with the FDNY company certification number : _____. Our company conducts inspection, testing, and maintenance service for the fire alarm system listed above.

Section B - Fire Alarm System Communication System Operation Verification

I, _____, hereby swear that on _____ I have personally
 (Name of S-97/S-98 C of F holder) (MM/DD/YY)

witnessed the applicant demonstrated and performed the following communication functions related to the fire alarm system listed above:

| Function | Personally witnessed <i>All items must be marked "yes" or "N/A" to proceed</i> |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Make a public address announcement throughout the building/occupancy/applicable areas | <input type="checkbox"/> Yes |
| Place the fire alarm system off line | <input type="checkbox"/> Yes <input type="checkbox"/> N/A, because: the system is NOT monitored by a central station. |
| Place the fire alarm system on line | <input type="checkbox"/> Yes <input type="checkbox"/> N/A, because: the system is NOT monitored by a central station. |
| Acknowledge signals at the Fire Alarm Control Panel | <input type="checkbox"/> Yes <input type="checkbox"/> N/A, because: no indicator designed to be shown on the panel. |
| Manual activation of alarm tones | <input type="checkbox"/> Yes <input type="checkbox"/> N/A, because: the alarm tones are designed to be activated automatically only. |
| Manual activation of alert tones (non-fire related) | <input type="checkbox"/> Yes <input type="checkbox"/> N/A, because: the system is not designed to have alert tones. |
| Perform fail-safe door release | <input type="checkbox"/> Yes <input type="checkbox"/> N/A, because: no fail-safe device installed. |
| Silence the fire tones throughout the building | <input type="checkbox"/> Yes <input type="checkbox"/> N/A, because: the system cannot be silenced. |
| Reset the Fire Alarm Control Panel | <input type="checkbox"/> Yes |

F-53 fire alarm letter for applicant: _____

I have verified that the applicant has been trained regarding operating the communication system related to the fire alarm system on the premises during a fire or non-fire emergency incident.

On this _____ day of _____, in the year _____, I have hereunto affixed my signature and I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. I understand that:

- any intentional falsification of this letter can be grounds for the denial, non-renewal, suspension or revocation of the Certificate of Fitness as applies to both the applicant and the signee;
- all statements made in connection with the application are subject to investigation and verification;
- the FDNY representative may ask the F-53 Certificate of Fitness holder without prior notice to demonstrate the required skills listed in this verification letter to verify his/her proficiency in operating the fire alarm communication system upon inspection.

Printed Name of Representative of the Fire Alarm Company

Job Title

COF number

Signature of the Fire Alarm Company Representative

Date

This section must be filled and signed by the F-53 C of F applicant

I have been trained by the fire alarm company representative listed above. I am familiar and capable in operating the key functions of the fire alarm system and the communication system related to the fire alarm system on the premises. I understand that

- all statements made in connection with the application are subject to investigation and verification;
- the FDNY may ask me, without prior notice, to demonstrate the required skills listed in this letter to verify my proficiency in operating the fire alarm communication system upon inspection;
- any intentional falsification of this letter can be grounds for the denial, non-renewal, suspension or revocation of the Certificate of Fitness as applies to both the applicant and the fire alarm company representative.

Printed Name of the F-53 C of F Applicant

Signature of the F-53 C of F Applicant